

TENNESSEE HEALTH AOD NEEDS ASSESSMENT SURVEY: STATEWIDE RESULTS¹

A. *INTRODUCTION AND BACKGROUND*

The Tennessee Health AOD Needs Assessment Survey is one of a family of studies following core protocols approved by the Office of Management and Budget (OMB) to support the Center for Substance Abuse Treatment (CSAT) Statewide Treatment Needs Assessment Project (STNAP). Results of the studies are used to complete Tennessee annual Block Grant applications for receipt of more than \$29 million in funding used for providing treatment and prevention services across the state. The Community Health Research Group (CHRG) has provided these studies to the Tennessee Department of Health (TDH) Bureau of Alcohol and Drug Abuse Services (BADAS) since 1992.

The survey involved interviewing a random sample of Tennessee adults in households by region to provide estimates of the prevalence of alcohol and other drug use, abuse, dependence and need for treatment as well as a host of related physical and mental health problems, behavioral risk factors and barriers to medical care and AOD treatment among rural residents in particular. The survey over-sampled economically disadvantaged adult residents who are uninsured or are receiving TennCare, Tennessee's Medicaid managed care waiver program, as well as rural residents of Tennessee. The uninsured and persons enrolled in TennCare through Medicaid eligibility criteria have characteristics that may put them at high risk of AOD abuse and its adverse consequences. Among rural residents of the state, the prevalence of tobacco, alcohol and prescription drug dependence may be high, but treatment services are frequently unavailable, inaccessible or unacceptable to them.

¹ This report was authored by Jean-Francois Riand, Elizabeth Collier, and Sandra L. Putnam of the Community Health Research Group at The University of Tennessee in Knoxville. The authors wish to thank the staff and interviewers of the New England Research Institutes who, under contract with the Community Health Research Group and The University of Tennessee, were responsible for the data collection for this survey, especially Cheryl Caswell and Kevin Smith. The authors also wish to thank the staff of the Community Health Research Group for their invaluable assistance in the completion of this project.